

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5261,414

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	④1					
5	1④					
6	1	1				
7		④				
8	④1					
9	④					
10	④7					
11	1					
12						
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50						
TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	6	↔	↔	↔	↔	↔
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

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